

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>  Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number		Filing Date	
							10579110			
							Applicant(s) Giuseppe Quarini			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep
1	1		1							
2		1		1						
3		1		1						
4		3		1						
5		3		1						
6		(1)		1						
7		(1)		1						
8		(1)		1						
9		(1)		1						
10		(1)		1						
11		(1)		1						
12		(1)		1						
13		(1)		1						
14	1		1							
15		1		1						
16		1		1						
17		3		1						
18		(1)		1						
19		(1)		1						
20		(1)		1						
21		3		1						
22		(1)		1						
23		(1)		1						
24		(1)		1						
25		(1)		1						
26		(1)		1						
27		(1)		1						
28		(1)		1						
29		(1)		1						
30		(1)		1						
31		(1)		1						
32		(1)		1						
33		(1)		1						
34		(1)		1						
35										
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42										
43										
44										
45										
46										
47										
48										
49										
50										
Total Indep	2		2		0					
Total Depend	40		32		0					
Total Claims	42		34		0					